

12. Breastfeeding

Study ID _____

Is data collection completed?

Yes No

If No, please specify the reason:

- Uncontactable
 Declined Survey
 Blank
 Others

If Others, please specify the reason: _____

Telephone follow-up at 5-9 weeks Postpartum

Date of Phone call:

 ((DD/MM/YYYY))

Phone call by:

- Kirsten Sim
 Ng Jing Wen
 Denise Anne
 Wong Anng Anng
 Yvonne Yong

1. Did you receive any of these support services on breastfeeding or giving breast milk to your baby? (may select more than 1)

- Not at all
 Help from ward nurses during my stay in hospital
 Help from Lactation Consultant during my stay in hospital
 Received a phone call from postnatal ward after discharge
 Contacted the KKH Ask-a-Nurse Helpline
 Contacted the KKH Lactation Consultant
 Attended KKH Lactation Clinic
 Attended KKH 24hrs O&G Clinic
 Breastfeeding Mothers' Support Group Helpline
 Joyful Parenting & Breastfeeding Helpline
 Others

1.If others, pls specify: _____

2. Are you still breastfeeding or giving breast milk your baby?

Yes (go to question 3 and 4) No (go to question 6 and 7)

3. How was breast milk fed to your baby in the last 24 hours? (may select more than 1)

- Direct breastfeeding
 Expressed breast milk through bottle
 Expressed breast milk through syringe/cup/spoon

4. What were you feeding your baby in the last 24 hours? (may select more than one answer):

Breast milk Infant formula (Answer Q5) Water Solid food

5. If you are breastfeeding or giving breast milk partially to your baby, when you started with infant formula:

 (DD-MM-YYYY)

Age in weeks:

 (weeks (note: Round up))

Reasons for introducing infant formula (may select more than 1 answer):

- Fatigue/Tiredness
- Sore nipples
- Painful breast
- Insufficient milk supply
- Feeding difficulty (latching problem)
- Choose to partial breastfeed
- Returning to work after maternity leave
- No Breastfeeding facilities at workplace
- Encouraged by family members
- Encouraged by Confinement nanny
- Infant's Medical Reasons:
- Mother's Medical Reasons:
- Others, please specify

Pls specify, Infant's Medical Reasons:

Pls specify, Mother's Medical Reasons:

Others, please specify

6. If you have stopped either breastfeeding or giving breast milk to your baby when did you stop breastfeeding?

_____ ((DD/MM/YYYY))

7. Reasons for stopping breastfeeding (may select more than 1 answer):

- Fatigue/ Tiredness
- Sore nipples
- Painful breast
- Insufficient milk supply
- Feeding difficulty (latching problem)
- Choose to stop breastfeeding
- Return to work after maternity leave
- No Breastfeeding facilities at workplace
- Encouraged by family members
- Encouraged by confinement nanny
- Infant's Medical Reasons:
- Mother's Medical Reasons:
- Others:

Pls specify Infant's Medical Reasons:

Pls specify Mother's Medical Reasons:

Specify Others:
